



## Greene County HVAC PERMIT APPLICATION

BUILDING, PLANNING & ZONING  
706-453-3333  
fax 706-453-2579  
1034 Silver Dr  
Suite 103  
M-F 8am-5pm

### OFFICE USE ONLY

Permit Number: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Date Approved: \_\_\_\_\_

### OWNER INFORMATION

Owner/Builder Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Ga. State Certification No. \_\_\_\_\_  
Business License No. \_\_\_\_\_ County of Issue: \_\_\_\_\_

**(Copy of driver's license, business license and certification card must be provided.)**

\*\*\*\*\*GAS MUST BE PERMITTED SEPARATELY\*\*\*\*\*

### HVAC FEES

Total Number of Heating/Cooling Units \_\_\_\_\_ x \$50.00 = \$ \_\_\_\_\_

Total Number of Vent Units \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_  
(such as: fan vents, dryer vents, range vents)

Total Fee \$ \_\_\_\_\_

Re-inspection Fee--\$100.00

Heating Unit Type—Name, Size, Model—BTUH Heat Loss (List each separately)

\_\_\_\_\_

\_\_\_\_\_

Cooling Unit Type—Name, Size, Model—BTUH Heat Gain (List each separately)

\_\_\_\_\_

\_\_\_\_\_

Ventilation-

\_\_\_\_\_

Grease Hood Type/Quantity—Sq. Ft. Area—Size of Vent

\_\_\_\_\_

Contractor/Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Homeowner must sign affidavit)